



## **Instructions for Administering Survey to Determine National Service Members with Disabilities Serving Montana's Communities**

**For National Service Program Directors and Selected Members Administering the Survey:**

### **Purpose**

The National and Community Service Act of 1990, as amended, requires that national service programs actively recruit persons with disabilities to be a part of their program. The attached survey will be used as part of the Montana Opening Doors to Community

Service efforts to assist programs in expanding the participation of persons with disabilities in Montana's programs and to further develop their capacities to include members with disabilities.

### **The information from the survey will be used to:**

1. Improve the capacity of National Service programs to include persons with disabilities;
2. Improve outreach efforts to recruit persons with disabilities into National Service programs across the State; and
3. Apply for possible future funding for reasonable accommodation and/or training related to the inclusion of National Service members with disabilities in Montana's National Service programs.

**Because the survey is anonymous it will provide an opportunity for members with disabilities, who may be reluctant to identify themselves as a person with a disability on the National Service enrollment form, to be counted.**

## **GENERAL INSTRUCTIONS:**

### **National Service Program Administrator:**

1. Survey forms may be obtained electronically or shipped to you in a package from the Governor's Office of Community Service.
2. To insure confidentiality this survey is to be administered by one of your National Service members. You are asked to select that member and to provide a meeting time and place for the members to complete the survey.

### **Selected National Service Member Administrator**

1. You have been selected to administer this survey that was developed to determine how many National Service members with disabilities are serving Montana's communities. The Opening Doors to Community Service and Montana Commission on Community Service extends its thanks for your assistance. As the administrator of this survey, you will be required to follow specific directions. You may also be required to help some members complete their survey form.
2. Your Program Director/Coordinator should have given you a sufficient number of surveys (one for each member). Although members are asked not to sign the survey instrument, every member in your Corps should be asked to respond to the survey. You are also asked to complete the survey and include it with those completed by your fellow Corps members. You may also have been provided an envelope addressed to the Governor's Office of Community Service in which to place and mail completed surveys.
3. After administering the survey and checking to see that every member has had an opportunity to respond, please mail the surveys in the self-addressed envelope provided for this purpose.

**No one is to review the surveys returned by the members before mailing.**

### **Instructions for Administering Survey to Determine National Service Members with Disabilities Serving Montana's Communities For National Service Program Members Only!**

#### **Selected Corps Member Administrator: Please Read Aloud**

1. Read the statements below to the member(s) who is/are about to respond to the survey.
- ☐ **Our National Service Program has been selected to participate in a Members With Disabilities Survey being conducted by the Montana Office of Community Service/Opening Doors to Community Service an agent of the Montana Commission on Community Service.**

- ☐ **This survey is anonymous and confidential. You will not be asked to identify yourself in any way.**
- ☐ **I have been asked to administer the survey and to mail the results to the Governor's Office of Community Service Opening Doors project, the organization that administers the inclusion of persons with disabilities into National Service Programs in Montana. No one will see or review the survey instruments before mailing.**
- ☐ **Every member is asked to participate in the survey.**
- ☐ **Please read each question thoroughly before answering.**
- ☐ **Check the box that reflects your answer.**
- ☐ **Please do not put your name on the form.**
- ☐ **Do not return the survey to me until I request all surveys. When you hand your survey to me, I will place it in the mailing envelope in your presence.**
- ☐ **If for any reason you feel you need assistance in reading or completing the form, I am here to help you. Please let me know if you need help after the survey and we will complete the form in a confidential setting.**

[Pause]

1. **Are there any questions before we begin?** [Pause]
2. Distribute one survey to each member.
3. Observe the respondents and when **all** of the members appear to have completed the survey, begin the collection process. As each member hands you his or her instrument, place it in the envelope. Give members who need assistance a separate time to complete their instrument in a non-threatening environment.
4. When all the surveys have been returned to you, place them in the envelope, your Program Director will take the envelope and place it in the mail.

**Thank you for your assistance**



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**NATIONAL &  
COMMUNITY  
SERVICE** ★★ ★

**serve  
montana**  
GOVERNOR'S OFFICE OF COMMUNITY SERVICE

Revised 2/1/2010

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